SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: Accident Hospital Indemnity	SERFF Tr Num: USLH-126964977	State: Arkansas
TOI: H02I Individual Health - Accident Only	SERFF Status: Closed-Approved-Closed	State Tr Num: 47692
Sub-TOI: H02I.000 Health - Accident Only	Co Tr Num: ACCHOSP-2010-AR	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Rosalind Minor
	Author: Peg Lundy	Disposition Date: 01/28/2011
	Date Submitted: 01/13/2011	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Accident Hospital Indemnity	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/28/2011
	State Status Changed: 01/28/2011
Deemer Date:	Created By: Peg Lundy
Submitted By: Peg Lundy	Corresponding Filing Tracking Number:

Filing Description:

Please see the attached Cover Letter submitted under the Supporting Documents Tab.

Company and Contact

Filing Contact Information

Jaime Gettemans,	jaimegettemans@jandpholdings.com
6640 S. Cicero Avenue	708-552-2417 [Phone]
Bedford Park, IL 60638	

Filing Company Information

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

United Security Life and Health Insurance Company	CoCode: 81108	State of Domicile: Illinois
6640 S. Cicero	Group Code:	Company Type:
Bedford Park, IL 60638	Group Name:	State ID Number:
(708) 475-6000 ext. [Phone]	FEIN Number: 36-3692140	

Filing Fees

Fee Required?	Yes
Fee Amount:	$0.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	$50.00	01/13/2011	43740907

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2011	01/28/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Rosalind Minor	01/14/2011	01/14/2011	Peg Lundy	01/18/2011	01/18/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Accident Hospital Indemnity Rates	Peg Lundy	01/19/2011	01/19/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Rates	Note To Reviewer	Peg Lundy	01/19/2011	01/19/2011
Rates	Note To Filer	Rosalind Minor	01/18/2011	01/18/2011

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Disposition

Disposition Date: 01/28/2011
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Accident Hospital Indemnity Brochure	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form *(revised)*	Accident Hospital Indemnity Policy	Approved-Closed	Yes
Form	Accident Hospital Indemnity Policy	Replaced	Yes
Rate	Accident Hospital Indemnity Rates	Approved-Closed	Yes

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
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TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/14/2011
Submitted Date	01/14/2011
Respond By Date	

Dear Jaime Gettemans,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accident Hospital Indemnity Policy, ACCHOSP-2010-AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Please refer to ACA 23-85-134.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/18/2011
Submitted Date	01/18/2011

Dear Rosalind Minor,

Comments:
Hello Ms. Minor, I hope all is well!

Response 1

Comments: Please see the attached revised Accident Hospital Indemnity Policy under the Forms Schedule Tab. Please note the added provision on page 9 "Refiund of Unearned Premium".

Related Objection 1

Applies To:

- Accident Hospital Indemnity Policy, ACCHOSP-2010-AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Please refer to ACA 23-85-134.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accident Hospital Indemnity Policy	ACCHOSP-2010-AR		Policy/Contract/Fraternal Certificate	Initial			ACCHOSP-2010-ARv.1.pdf

Previous Version

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Accident Hospital Indemnity Policy	*ACCHOSP-2010-AR*	*Policy/Contract/Fraternal Certificate*	*Initial*	ACCHOSP-2010-AR.pdf

No Rate/Rule Schedule items changed.

We hope this response sufficiently addresses all open issues regarding this filing. We look forward to your approval. Thank you for your time and efforts. Sincerely, Peg Lundy

Sincerely,
Peg Lundy

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Note To Reviewer

Created By:

Peg Lundy on 01/19/2011 02:31 PM

Last Edited By:

Rosalind Minor

Submitted On:

01/28/2011 12:19 PM

Subject:

Rates

Comments:

Please note that we have submitted an Amendment to this filing pursuant to your note to filer. Thank you for your time and attention to this matter.

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Amendment Letter

Submitted Date: 01/19/2011

Comments:

Pusuant to your note to filer, please note that we submitted the Accident Hospital Indemnity Rates under the Rate/Rule Schedule Tab. Thank you for your time and attention to this matter.

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Accident Hospital Indemnity Rates		New		Accident Rates - Exh2 - v1.pdf
Accident Rates - Exh2 - v1.pdf				

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Note To Filer

Created By:

Rosalind Minor on 01/18/2011 03:29 PM

Last Edited By:

Rosalind Minor

Submitted On:

01/28/2011 12:19 PM

Subject:

Rates

Comments:

Please attach the rates under the rate tab.

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/28/2011	ACCHOSP-2010-AR	Policy/Contract/Fraternal Certificate	Accident Hospital Indemnity Policy	Initial			ACCHOSP-2010-ARv.1.pdf

UNITED SECURITY
LIFE AND HEALTH INSURANCE COMPANY

UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY
A Stock Company
6640 SOUTH CICERO AVENUE, BEDFORD PARK, ILLINOIS 60638
708-475-6100 / 800-875-4422 / FAX 708-475-6120

ACCIDENT HOSPITAL INDEMNITY
ACCIDENT ONLY BENEFITS

POLICY OF INSURANCE

THIS IS AN ACCIDENT ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS. PLEASE READ IT CAREFULLY

THE COMPANY AGREES TO PAY the Benefits described in this Policy, subject to its provisions, exclusions and limitations.

LEGAL CONTRACT. This Policy is a legal contract between You and Us. You should READ THIS CONRACT CAREFULLY.

GUARANTEED RENEWABLE TO AGE 75 – SUBJECT TO CHANGE IN PREMIUM BY CLASS. You may continue the coverage on each Insured Person provided by this Policy, until the Policy Anniversary on or following the Insured Person's 75th birthday, subject to the Policy's Termination and Insured Child provisions, by paying all premiums when they are due. We will not add any restrictive riders or endorsements while this Policy is in force. We reserve the right to change the premium charged for this Policy. Any change in premium will be made on a class basis only, as We determine, and will be based on the Insured Person's Age on the Date of Issue. No change in premium will become effective until 45 days after We deliver to You, or mail to Your last known address, a written notice of premium change.

TEN DAYS TO EXAMINE POLICY. You may return this Policy within ten (10) days after delivery, either to Us or to our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded.

This Policy supersedes any Policy previously issued to you under the Policy. You and any Covered Person may qualify under one Policy only. If any person is insured under more than one Policy, we will consider that person to be insured under the Policy which provides the greatest amount of coverage. Upon discovery of the duplication, we will refund any duplicated payments which have been made on behalf of that person. The records maintained by the Policyholder shall determine the insurance provided under the Policy for any Insured. Important provisions of the Policy are outlined herein.

Signed for United Security Life and Health Insurance Company at Bedford Park, Illinois.

Sandra J. Horn

President

Secretary

SCHEDULE OF BENEFITS

PLAN: . . . . . Accident Only

INSURED: . . . . . [John Doe]

FAMILY COVERAGE: . . . . . [Yes, No]

POLICY NUMBER: . . . . . [XXX]

EFFECTIVE DATE: . . . . . [XX/XX/XXXX]

SCHEDULE OF BENEFITS			
BENEFIT	**AMOUNT**		
	INSURED	**SPOUSE**	**CHILD**
A. ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY
B. ACCIDENT DAILY INTENSIVE CARE/ BURN UNIT CONFINEMENT BENEFIT	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY
C. ACCIDENT EMERGENCY FACILITY BENEFIT	[$150.00 OR N/A] PER VISIT	[$150.00 OR N/A] PER VISIT	[$150.00 OR N/A] PER VISIT

DEFINITIONS

INSURED: (herein called "you," "your," or "yours") means you, the insured named in the Schedule of Benefits, provided coverage has become effective.

COVERED PERSON: means, for coverage purposes only, you and the following persons, provided coverage has become effective:

1. Your spouse; and
2. Each of your children (including step-children, children born to or legally adopted, or children in your custody pursuant to an interim court order of adoption or placement of adoption, whichever comes first, vesting temporary care of the child in you, is an adopted child, regardless of whether order granting adoption is ultimately issued) 18 years of age or younger, unmarried and dependent upon you for support and maintenance; and
3. Your unmarried child 19 years of age but less than 23 years of age if the child is:
   a. a full-time student; and
   b. dependent upon you for support and maintenance.

HOSPITAL: means an institution which meets the following requirements:

1. It is operated pursuant to law; and
2. It is primarily engaged in providing or operating either on its premises or in facilities available to the Hospital on a prearranged basis and under supervision of the staff of one or more duly licensed Physicians, medical, diagnostic, and major surgical facilities for medical care and treatment of sick and injured person on an inpatient basis; and
3. It provides 24 hour nursing service by or under the supervision of registered graduate professional nurses (RN's).

It does not include an institution operated primarily as:

1. A convalescent home, convalescent, rest, or nursing facility; or
2. A facility primarily affording custodial or educational care; or
3. A facility for the aged or substance abuse including alcoholism.

It also does not include that part of an institution operated primarily as:

1. A convalescent home, convalescent rest or nursing facility; or
2. A facility primarily affording custodial or educational care; or
3. A facility for the aged or substance abuse including alcoholism.

HOSPITAL CONFINEMENT/CONFINEMENT/CONFINED: means being an inpatient in a Hospital for necessary care and treatment of an injury. Such Confinement must be prescribed by a Physician.

Confinement does not include outpatient care and treatment, including outpatient surgery or outpatient observation received in a Hospital.

INTENSIVE CARE UNIT: means a facility in a Hospital which at the time of admission is separate and apart from the surgical recovery room, other rooms, beds, or wards normally used for patient confinement and:

1. Provides room and board;
2. Provides registered graduate nursing care;
3. Requires constant audio visual observation;
4. Provides special equipment or supplies at all times on a standby basis; and
5. Charges a daily intensive care fee.

BURN UNIT: means a facility in a Hospital which:

1. Provides room and board;
2. Provides registered graduate nursing care;
3. Provides special equipment or supplies at all times on a standby basis; and
4. Charges a daily burn unit fee.

PHYSICIAN: means a person who is duly licensed and legally qualified to diagnose and treat injuries. Such person must be providing services within the scope of his or her license. A physician may not be you or a member of your immediate family.

ACCIDENT/INJURY: for which benefits are provided, means bodily injury caused by an accident which occurs while this Policy is in force. The injury must be the direct cause of loss, independent of disease or bodily infirmity.

INJURED: means having suffered an injury.

EMERGENCY FACILITY: means a facility licensed, if license is required, to provide emergency care and staffed by a Physician. The facility can be a clinic, Hospital emergency room, or similar outpatient emergency facility.

NECESSARY TREATMENT: means medical treatment which is consistent with currently accepted medical practice. Any confinement, operation, treatment, or service which is not a valid course of treatment recognized by an established medical society in the United States is not considered necessary treatment. No treatment or service in connection therewith, which is experimental in nature, is considered necessary treatment.

We may use peer review organizations or other professional medical opinion to determine if health care services are:

1. Medically necessary; and
2. Consistent with professional recognized standards of care with respect to quality, frequency, and duration; and
3. Provided in the most economical and medically appropriate site for treatment.

If services do not meet these criteria, expenses related to those services will not be deemed necessary treatment.

WHEN YOUR INSURANCE BEGINS

You shall not have coverage unless an enrollment form, if required, and premium have been received by us. Your coverage will become effective on the Policy Effective Date shown in the Schedule of Benefits,

provided we receive the initial premium within 21 days of the Policy Effective Date and while you are alive. Policy anniversaries shall be measured annually from the Policy Effective Date.

WHEN YOUR INSURANCE ENDS

Your insurance ends on the last day of the period covered by your last premium contribution.

You may cancel your coverage upon notice to us. Notice is deemed given when made in writing. Coverage is cancelled as of the next premium due date after your request.

COVERAGE

A. ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT

We will pay the Accident Daily Hospital Confinement Benefit stated in the Schedule of Benefits for each day a Covered Person is Confined to a Hospital for at least 24 hours, provided:

1. The Confinement is for the Necessary Treatment of a covered injury;
2. The Covered Person is under the professional care of a Physician;
3. Such Confinement occurs while this Policy is in force; and
4. The Confinement begins within 90 days of the accident causing the injury.

The Accident Daily Hospital Confinement Benefit will begin with the first day of Confinement and continue for up to 90 days per accident.

Recurrent Confinements – To be covered, additional Confinements for the same Injury must take place within 90 days of a previously covered Confinement.

B. ACCIDENT DAILY INTENSIVE CARE/BURN UNIT BENEFIT

In addition to the Accident Daily Hospital Confinement Benefit, we will pay the Accident Daily Intensive Care/Burn Unit Benefit stated in the Schedule of Benefits for each day a Covered Person is Confined to an Intensive Care Unit or Burn Unit of a Hospital for at least 24 hours, provided:

1. The Confinement is for the Necessary Treatment of a covered injury;
2. The Covered Person is under the professional care of a Physician;
3. Such Confinement occurs while this Policy is in force; and
4. The Confinement begins within 90 days of the accident causing the injury.

The Accident Daily Intensive Care Unit/Burn Unit Benefit will begin with the first day of confinement and continue for up to 30 days per accident.

Any transfer from an Intensive Care Unit to a Burn Unit or from a Burn Unit to an Intensive Care Unit will not entitle a Covered Person to receive double benefits.

Recurrent Confinements – To be covered, additional Confinements for the same injury must take place within 90 days of a previously covered Confinement.

C. ACCIDENT EMERGENCY FACILITY BENEFIT

We will pay the Accident Emergency Facility Benefit stated in the Schedule of Benefits for a visit to a Hospital emergency room or other emergency facility for an unlimited number of accidents per Covered Person per year for an Injury. Only one Accident Emergency Facility Benefit is payable for each accident. Treatment must be for Necessary Treatment of an Injury, and treatment must occur within 72 hours of the accident causing the Injury.

Not payable, if the accident results in an overnight stay.

EXCLUSIONS

No benefit shall be paid for any Injury that:

1. Is self-inflicted, while sane or insane;
2. Is due to war or act of war, whether declared or not;
3. Is a result of voluntary participation in any riot or civil insurrection;
4. Is caused by or results from the Covered Person's taking or using any narcotic, barbiturate or any other drug, unless taken or used as prescribed by a Physician;
5. Has as its contributing cause, the Covered Person's commission of or attempt to commit a felony, or had as its contributing cause, the Covered Person's being engaged in an illegal activity or;
6. Is due to disease, bodily or mental infirmity, or medical or surgical treatment of these;
7. Occurs while driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
8. Occurs while operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor driven. This does not include flying as a fare paying passenger;
9. Occurs while engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or any similar activities;
10. Occurs while practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

RENEWAL CONDITIONS

You may keep this Policy in force on or following the anniversary date following your 75th birthday. We do not have the right to:

1. Cancel your coverage; or
2. Place any restriction on your coverage while it is in force except in cases where the above detailed exclusions are deemed applicable; or
3. Refuse a premium paid on or before the date due or within the Grace Period.

We reserve the right to change the premium charged for this Policy. Any change in premium will be made on a class basis only, as We determine, and will be based on the Insured Person's Age on the Date of Issue. No change in premium will become effective until 45 days after We deliver to You, or mail to Your last known address, a written notice of premium change.

CONTINUATION OF COVERAGE

In the event of your death, your covered spouse, if any, shall be deemed the Insured. Otherwise, the coverage will terminate on the next renewal date. If your spouse ceases to be your spouse for reasons other than death, your spouse will no longer be covered as of the next monthly renewal date.

Coverage for any covered child insured under this Policy shall terminate as of the next renewal date after the covered child's marriage or 19th birthday. If any covered child is unmarried, a full-time student, and dependent upon you for child support and maintenance, coverage under this Policy shall terminate as of the next renewal date after the covered child's 23rd birthday.

A covered child may continue to be covered if upon reaching the limiting age the covered child is, and continues thereafter to be, both:

1. Incapable of self-sustaining employment by reason of mental or physical handicap; and
2. Chiefly dependent upon you for support and maintenance.

You must write and tell us a covered child meets the requirements for continuation of coverage. We may require periodic proof of continued eligibility for continuation of coverage.

CONVERSION

The covered child or spouse whose coverage ceases may apply for his or her own Policy within 31 days after coverage ceases. No evidence of insurability will be required. The new Policy will be issued:

1. On a form available at that time with benefits most like but not greater than those of this Policy; and
2. At the adult rate for the attained age of the person at that time.

The effective date of coverage under the new Policy will be the same as the effective date of the conversion. We will not pay under the new Policy for any loss for which benefits have been paid under this Policy.

NEWBORN CHILDREN

If your spouse or any children are already covered under this Policy and a child is born to you, the benefit amount for the newborn child will be the same as for the other children. If no other child is covered under this Policy, the benefit will be the amount which would have been issued to children as of the Effective Date of the Policy.

If neither your spouse nor another child is covered under this Policy, you must notify us of the birth of a child if you wish to add child coverage. There will be an increase in the premium as of the next monthly renewal date after we have been notified of the child's birth. The child is covered free from the time of notification until that date. The child will be dropped from coverage if the increased premium is not paid within 31 days after that due date. The child's benefit will be the amount which would have been issued to children as of the Effective Date of this Policy.

GENERAL PROVISIONS

ENTIRE CONTRACT: This Policy and Your application make up the entire contract between Us and You. No change in this Policy will be effective until it is approved by one of Our officers. This change and approval must be noted on or attached to the Policy. **No agent has authority to change the application, this Policy or waive any of its provisions.**

INCONTESTABILITY: We cannot contest this Policy except for a material misrepresentation on the application, fraud or for not paying premiums.

PAYMENT OF PREMIUM: All premiums due by the terms of the Policy shall be paid by the Policyholder to our Administrative Office on or prior to the day they are due.

You are required to contribute 100 percent of the premium payable under this Policy. If at any time the Policyholder refuses to accept such contributions and pay the premium for you, you may pay such premium directly to our Administrative Office on or prior to the day it is due.

UNPAID PREMIUM: When a claim is paid, any unpaid premium due during the Grace Period but unpaid may be deducted from the claim payment.

GRACE PERIOD: If a premium is not paid when due, the insurance shall be in default. We will allow a 31-day grace period to pay each premium after the first one. If a premium is not paid on or before the end of the grace period, the insurance shall terminate, effective the last day of the period covered by your last premium contribution.

REINSTATEMENT: If your Policy lapses, You may apply to reinstate it by:

(a) paying the required premium;
(b) providing evidence of insurability, if We so require; and
(c) submitting an application for reinstatement, if We so require.

If We accept the premium without requesting an application, this Policy, will be reinstated.

If We ask for an application, We will issue a receipt for the premium. If We approve the application, this Policy will be reinstated as of the approval date. If We disapprove the application, We will notify You in writing. If We fail to notify You of our disapproval, this Policy will be reinstated 45 days after the date of the premium receipt.

NOTICE OF CLAIM: Written notice of claim must be given to us within 30 days after any loss covered under the Policy occurs or as soon as possible thereafter. You may give the notice or may have someone do it for you. The notice shall include your name and Policy Number as shown in the Schedule of Benefits. Notice shall be mailed to us at United Life and Health Insurance Company, 6640 South Cicero Avenue, Bedford Park, IL 60638.

CLAIM FORMS: When we receive the Notice of Claim, we will send the claimant forms for filing Proof of Loss. If we do not send the forms within 15 days, the claimant can meet the Proof of Loss requirements by providing us with a written statement describing what happened. We must receive this statement within the time given for filing Proof of Loss.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Policy Date, is in conflict with the applicable laws of the state in which it is delivered is hereby amended to conform to the minimum requirements of such laws.

PROOF OF LOSS: Written proof of loss must be given to us within 90 days after the date of the loss or as soon as possible thereafter. Proof must, however, be furnished no later than one year from the time it is otherwise required, except in the absence of legal capacity.

MISSTATEMENT OF AGE: If the age of a Covered Person has been misstated, all amounts payable shall be in the amount the premium paid would have bought for the correct age. If, as a result of misstatement, we accept a premium for any period when coverage would not normally have been in effect, then our liability for such period shall be a refund, upon request, of all premiums paid for such period.

TIMELY PAYMENT OF CLAIMS: We will pay all benefits covered by the Policy as soon as we receive proper written Proof of Loss sufficient to determine liability. Any required interest payable on benefits will be paid according to the statutory requirements of the state in which this Policy was issued.

REFUND OF UNEARNED PREMIUM: Unearned premiums should be paid in lump sum on a date no later than thirty (30) days after the proof of the insured's death has been furnished to the insurer.

PAYMENT OF CLAIMS: Any benefits payable will be paid to you, if living. Any other benefits unpaid at death will be paid as follows:

1. At your death
   a. to your spouse, if living;
   b. otherwise, to your estate.

2. At the death of any other Covered Person
   a. to you, if then living;
   b. otherwise, as though it were payable under (1) above.

ASSIGNMENT: You may assign any rights you have under this Policy, including the right to receive benefits. We are not bound by any assignment unless it is in writing and recorded by us. We are not responsible for the validity of any assignment. The rights of an assignee will at all times be subject to any indebtedness to us.

PHYSICAL EXAM AND AUTOPSY: At our expense, we shall have the right to examine a Covered Person when and as often as is reasonable while a claim is pending. We may also have an autopsy done in case of death where it is not forbidden by law.

LEGAL ACTIONS: No action can be brought to recover on the Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 3 years after the date Proof of Loss is required.

REQUIRED NOTICE TO POLICYHOLDERS: This notice is to advise you that should any complaints arise regarding this Insurance, you may contact the following:

United Security Life and Health Insurance Company
Compliance Department
6640 South Cicero Avenue
Bedford Park, IL 60638

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 01/28/2011	Accident Hospital Indemnity Rates		New		Accident Rates - Exh2 - v1.pdf

Accident Hospital Indemnity Rates

Age	Child	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
					.8 LR					
Monthly Rates										
Hospital Inpatient	2.98	5.63	6.09	6.63	7.22	7.93	9.00	10.79	13.85	17.22
Hospital ER	5.94	6.78	6.40	6.01	5.69	5.40	5.13	4.92	4.84	4.79
Total	8.92	12.41	12.49	12.64	12.92	13.33	14.12	15.71	18.69	22.01

Benefit - $200/Day hospitalized from an accident.$150 for ER visit that doesn't result in a hospitalization.

Assumptions

1). Milliman Critical Illness Lapse Rates and distribution of sales assumptions

2). Death Rates (CDC/NCHS National Vital Statistics System, Mortality Worktable 23R, 2006 Data)
Using Average of the 6 states Az, Ar, Il, In, Mo, Ne

3). Hospitalization for Accidents (Nat'l Health Statistices Reports No. 5 7/30/08 Table 3&4)
ALOS and Incidence Rates

4). Emergency Room Visits (National Health Statistics Reports, No. 7 August 6, 2008)

5). Rates adjusted for average expense recovery regardless of age.

6). 4% Interest.

7). Benefit terminates at age 75 for Adult. 18 for child.

8). Pricing not adjusted for ICU benefit or the 90 day in-hospital limit.

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/28/2011

Comments:
Please see attached Flesch Certificate.
Attachment:
1.13.2011 - Flesch Certificate (ACCHOSP2010-AR).pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	01/28/2011

Comments:
Please see attached Accident Hospital Indemnity Application.
Attachment:
ACCHOSP-10APP.pdf

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	01/28/2011

Comments:
Please see attached Outline of Coverage.
Attachment:
ACCHOSP-10OUTLINE-AR.pdf

		Item Status:	Status Date:
Satisfied - Item:	Accident Hospital Indemnity Brochure	Approved-Closed	01/28/2011

Comments:
Please see attached Accident Hospital Indemnity Brochure.
Attachment:
ACCHOSP-BRO-2010.pdf

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

		Item Status:	**Status Date:**
Satisfied - Item:	Cover Letter	Approved-Closed	01/28/2011

Comments:

Please see attached Cover Letter.

Attachment:

1.13.2011 - Cover Letter.pdf

UNITED SECURITY
LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Accident Hospital Indemnity Policy (ACCHOSP-2010-AR) received a Flesch Reading Ease Score of 48.8. This form complies with the requirements of A.C.A. 23-80-206.

Robert G. Dial
Vice President & Secretary

1/13/2011
Date

Application For Accident Hospital Indemnity Insurance

United Security Life & Health Insurance Company
6640 S. Cicero Ave., Bedford Park, IL 60638
Ph: (800) 875-4422 Fx: (708) 475-6120

Select Plan Type: Individual Single Parent Family **Requested Effective Date:** _____/_____/_____

List Each Person To Be Insured Below (Use another sheet or form for additional applicants)**:**

	Name (First, MI, Last)	Name (First, MI, Last)	Name (First, MI, Last)	Name (First, MI, Last)
Birthdate				
Age				
S.S.N.				
Sex				
Drv Lic #				
Marital St.				
Height				
Weight				
Occupation				
Duties				

Enter Primary Insured Information Below:

Street Address City State Zip

( ) ( )
Home Phone Other Phone Email Address

Mailing Address (Leave blank if same as above)

Billing Address (Leave blank if same as above)

Answer Existing Coverage Question

Is this policy intended to replace an existing Policy with United Security Life and Health or any other company? Yes No

Review & Sign Insured's Statement and HIPAA Compliant Authorization to Release Medical Information

I hereby apply to United Security Life & Health Insurance Company for insurance. I represent the statements I have made herein are complete and true. I understand the following: (a) if any material information on this application is incorrect, this coverage may be voided; and, (b) if this application is declined and a certificate is not issued, United Security Life & Health Insurance Company's only obligation will be to return any premium paid; and, (c) that United Security Life & Health Insur ance Company will pay benefits for a loss due to a pre-existing condition provided the pre-existing condition was fully disclosed in the application and this coverage has not been excluded or limited by name or specific description; and (d) there is no insurance in force until a certificate indicating the effective date is received from United Security Life & Health Insurance Company and the initial premium, including the applicable fee, is paid in full. By this form (or copy), I authorize any medical practitioner, physician, pharmacist, pharmacy-related facility, hospital, clinic, healthcare professional, medically-related facility, records custodian, insurance company, or the Medical Information Bureau, that has any records of me or any members of my family named in this application, of our health, to give United Security Life & Health Company, its reinsurers, affiliates, or business associates, any such information which shall include but not be limited to, Alcohol or Drug abuse treatment, mental health diagnosis and treatment, Pharmacy prescriptions, HIV testing and treatment, Sexually Transmitted Disease (STD) testing and treatment, Genetic testing, Sickle Cell testing and treatment, lab data, and diagnostic testing.

I understand the information obtained by use of this authorization will be used by the insurance company to determine eligibility for insurance. Any information obtained will not be released by the company to any person or organization except to reinsurance companies, the Medical Information Bureau, or other persons or organizations performing business or legal service in connection with my application, claim, or as may otherwise lawfully require or as I may further authorize. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. This authorization shall be valid for two and one half years from the date shown below. For residents of Arizona, this authorization is valid for 180 days for any HIV-related information. For residents of Nebraska, this authorization is valid for twenty-four months. I acknowledge receipt of the important notice regarding a consumer report disclosure of information to the Medical Information Bureau. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to United Security Life & Health Insurance Company, P.O. Box 388342, Bedford Park, Illinois 60638, Attention: Privacy Officer. I understand that a revocation is not effective to the extent that any of my providers has relied on this authorization or to the extent that United Security Life & Health Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. A photographic copy of this authorization and acknowledgement shall be as valid as the original.

Upon request, I or my authorized representative, is entitled to receive a copy of this authorization form. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit of knowingly present false information in an Application for Insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Disclaimer – If premiums are paid from your employer's account, it is understood that: (1.) United Security Life & Health Insurance Company assumes no responsibility for compliance with the Employee Retirement Income Security Act of 1974 (ERISA) and amendments thereto, nor does it maintain that the policy is designed or marketed to comply with the requirements contained therein. The Company is not acting as a sponsor as defined in ERISA. Any compliance under this Act that is applicable to the sponsor will be fulfilled by the employer, as his own legal counsel may determine. United Security Life & Health Insurance Company assumes no responsibility for collection of premiums and/or failure of your employer to remit them on a timely basis. (2.) By signing below, I am also certifying that I am not eligible to receive Medicare benefits.

Primary Insured Signature | **Spouse Signature** (if to be covered) | **Date**

Dependent Signature (if over age 18) | **Dependent Signature** (if over age 18) | **Date**

Agent Signature | **Agent Number** | **Agent Email Address**

Select Payment Type: Annual Semi-Annual Quarterly Monthly Bank Draft Credit Card Direct Bill

If paying by credit card, please complete the information below:

Card Type: Visa MasterCard Discover **Card Number:** _____ **Exp. Date:** _____/_____/_____

If paying by monthly bank draft, please complete the information below:

As a convenience to me, I hereby request and authorize you to pay and charge my account (check or electronic debit) drawn on my account by and payble to United Security Life & Health Insurance Company, provided there are sufficient funds in said account to pay the same on presentation. I agree that your rights with respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I further agree that if any such check or electronic debit be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance. This authorization is to remain in effect until revoked by me in writing, and until you actually receive such notice.

Bank Name | **Bank Address**

Printed Name | **Signature** | **Date**

UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY
[BEDFORD PARK, ILLINOIS]

ACCIDENT ONLY BENEFITS
OUTLINE OF COVERAGE --- POLICY FORM ACCHOSP-2010-AR

1) *READ YOUR POLICY CAREFULLY* – This outline provides a very brief description of the important features of Your Policy. This is not the insurance contract and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both You and Your insurance company. It is, therefore, important that You READ YOUR POLICY CAREFULLY!

2.) *ACCIDENT HOSPITAL COVERAGE* – Policies of this category are designed to provide to persons insured coverage for which benefits are provided and mean bodily injury caused by an accident which occurs while this Policy is in force. The injury must be the direct cause of loss, independent of disease or bodily infirmity.

3) DESCRIPTION OF THE POLICY:

(a) This Policy provides an Accident Daily Hospital Confinement, Accident Daily Intensive Care/Burn Unit Confinement and an Accident Emergency Facility Benefit as specified on the Schedule.
(b) If Accident Daily Hospital Confinement is required, the Benefit will begin with the first day of Confinement and continue for up to 90 days per accident.
c) Additional Confinements for the same injury must take place within 90 days of a previously covered Confinement.
(d) If Accident Daily Intensive Care/Burn Unit Confinement is required, the Benefit will begin with the first day of Confinement and continue for up to 30 days per accident.
(e) Additional Confinements for the same injury must take place within 90 days of a previously covered Confinement.
(f) If Accident Emergency Facility is required, the Benefit stated in the Schedule of Benefits is for a visit to a Hospital emergency room or other emergency facility for an unlimited number of accidents per Covered Person per year for an Injury.
(g) Only one Accident Emergency Facility Benefit is payable for each accident and treatment must take place within 72 hours of the accident causing the injury.

SCHEDULE OF BENEFITS			
BENEFIT	**AMOUNT**		
	INSURED	**SPOUSE**	**CHILD**
A. ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY
B. ACCIDENT DAILY INTENSIVE CARE/ BURN UNIT CONFINEMENT BENEFIT	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY
C. ACCIDENT EMERGENCY FACILITY BENEFIT	[$150.00 OR N/A] PER VISIT	[$150.00 OR N/A] PER VISIT	[$150.00 OR N/A] PER VISIT

4.) DESCRIPTION OF THE EXCLUSIONS:

No benefit shall be paid for any Injury that:

1. Is self-inflicted, while sane or insane;
2. Is due to war or act of war, whether declared or not;
3. Is a result of voluntary participation in any riot or civil insurrection;
4. Is caused by or results from the Covered Person's taking or using any narcotic, barbiturate or any other drug, unless taken or used as prescribed by a Physician;
5. Has as its contributing cause, the Covered Person's commission of or attempt to commit a felony, or had as its contributing cause, the Covered Person's being engaged in an illegal activity or;
6. Is due to disease, bodily or mental infirmity, or medical or surgical treatment of these;
7. Occurs while driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
8. Occurs while operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor driven. This does not include flying as a fare paying passenger;
9. Occurs while engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or any similar activities;
10. Occurs while practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

5.) *GUARANTEED RENEWABLE TO AGE 75 – SUBJECT TO CHANGE IN PREMIUM BY CLASS:* You may continue the coverage on each Insured Person provided by this Policy, until the Policy Anniversary on or following the Insured Person's 75th birthday, subject to the Policy's Termination and Insured Child provisions, by paying all premiums when they are due. We will not add any restrictive riders or endorsements while this Policy is in force. We reserve the right to change the premium charged for this Policy. Any change in premium will be made on a class basis only, as We determine, and will be based on the Insured Person's Age on the Date of Issue. No change in premium will become effective until 45 days after We deliver to You, or mail to Your last known address, a written notice of premium change.

Exclusions & Limitations

No benefits shall be paid for injury that:

- Is self-inflicted, while sane or insane;
- Is due to war or act of war, whether declared or not;
- Is a result of voluntary participation in any riot or civil insurrection;
- Is caused by or results from the Covered Person's taking or using any narcotic, barbiturate or any other drug, unless taken or used as prescribed by a Physician;
- Has as its contributing cause, the Covered Person's commission of or attempt to commit a felony, or had as its contributing cause, the Covered Person's being engaged in an illegal activity or;
- Is due to disease, bodily or mental infirmity, or medical or surgical treatment of these;
- Occurs while driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
- Occurs while operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor driven. This does not include flying as a fare paying passenger;
- Occurs while engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or any similar activities;
- Occurs while practicing for or participating in any collegiate, semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

Important Definitions

Accident/Injury

Means bodily injury caused by an accident which occurs while this Policy is in force. The injury must be the direct cause of loss, independent of disease or bodily infirmity.

Hospital

An institution which meets the following requirements:

1. It is operated pursuant to law; and
2. It is primarily engaged in providing or operating either on its premises or in facilities available to the Hospital on a prearranged basis and under supervision of the staff of one or more duly licensed Physicians, medical, diagnostic, and major surgical facilities for medical care and treatment of sick and injured person on an inpatient basis; and
3. It provides 24 hour nursing service by or under the supervision of registered graduate professional nurses (RN's).

It does **not** include an institution operated primarily as a:

1. Convalescent home, convalescent rest, or nursing facility; or
2. Facility primarily affording custodial or educational care; or
3. Facility for the aged or substance abuse including alcoholism.

Hospital Confinement/Confinement/Confined

Means being an inpatient in a Hospital for necessary care and treatment of an injury. Such Confinement must be prescribed by a Physician. Confinement does not include outpatient care and treatment, including outpatient surgery or outpatient observation received in a Hospital.

Intensive Care Unit

Means a facility in a Hospital which at the time of admission is separate and apart from the surgical recovery room, other rooms, beds, or wards normally used for patient confinement and:

1. Provides room and board;
2. Provides registered graduate nursing care;
3. Requires constant audio visual observation;
4. Provides special equipment or supplies at all times on a standby basis; and
5. Charges a daily intensive care fee.

Burn Unit

Means a facility in a Hospital which:

1. Provides room and board;
2. Provides registered graduate nursing care;
3. Provides special equipment or supplies at all times on a standby basis; and
4. Charges a daily burn unit fee.

Emergency Facility

Means a facility licensed, if license is required, to provide emergency care and staffed by a Physician. The facility can be a clinic, Hospital emergency room, or similar outpatient emergency facility.

Accidents Happen

We help reduce the financial pain

U S L H UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

Accident Hospital Indemnity Insurance

$200/day hospital stay
$200/day intensive care/burn unit
$150/visit emergency treatment

Every year, there are about 119.2 million visits to a hospital emergency room for accidental injuries.[1]

[1] Source: National Health Statistics Report, 2008

We can't prevent an accident, but we can help lessen the financial pain. With Accident Hospital Indemnity coverage, **benefits are paid directly to you, the hospital or anyone you choose**.

Protect Yourself

If you end up in the hospital due to an accident, your health insurance will pay for some of the costs. But what about **the costs your health insurance won't pay**? Deductibles and co-pays can easily total hundreds of dollars. Then there are other costs health insurance won't cover. Add your mortgage and everyday expenses and you could be put in a difficult financial bind. That's why we offer an Accident Hospital Indemnity plan that **pays up to $400 a day**.

Can you afford to pay all the costs related to caring for an accidental injury?

For As Little As $12/Month

Monthly Rates By Age

Under 18	18-24	25-29	30-34	35-39
$8.92	$12.41	$12.49	$12.64	$12.92

40-44	45-49	50-54	55-59	60-64
$13.33	$14.12	$15.71	$18.69	$22.01

You can apply for coverage by yourself, with your spouse, or with your entire family. The primary applicant must be at least 18 years of age. Dependents are eligible up to age 23.

Children ages 5 to 14 account for nearly 40 percent of all sports-related injuries treated in hospital emergency departments.[2]

[2] Source: 2006 National Center for Sports Safety

Plan Benefits

Hospital Confinement - $200/day
If necessary treatment of a covered accidental injury sends you or any covered family member to the hospital, benefits of $200 a day begin from the first day and will continue until the patient is released, up to 90 days. Hospital confinement must begin within 90 days of the accident causing the injury. Recurrent confinements must occur within 90 days of a previously covered confinement.

Intensive Care/ Burn Unit - $200/day
If necessary treatment of a covered accidental injury requires you or an insured family member to be admitted to an intensive care unit or a burn unit, a daily benefit of $200 will be paid to you for up to 30 days, in addition to the $200 daily hospital confinement benefit. That's $400 a day!

The daily Intensive Care and Burn Unit benefits begin with your first day of confinement and continue up to 30 days. Recurrent confinements must occur within 90 days of a previously covered confinement.

Emergency Treatment - $150/visit
If necessary treatment of a covered accidental injury requires a trip to an emergency facility or you or your covered family members require any type of covered emergency treatment, you'll receive benefits of $150 per visit. Treatment must occur within 72 hours of the accident. If accidental injury leads to emergency treatment *and* hospital confinement, the emergency treatment benefit is not paid.

Benefits Payable With Other Insurance Plans
The Accident Hospital Indemnity Plan is a supplemental insurance product, meaning you'll receive the full daily benefit no matter what other insurance plans you have in force.

Guaranteed Acceptance
If you are age 18-64 and not currently eligible for Medicare, your acceptance in this plan is guaranteed. There's no medical exam to take or medical questions to answer.

Portable, Nationwide Coverage
This plan is portable. You can take it with you if you change jobs or retire. Plus, you're covered nationwide!

Guaranteed Renewable Until Age 75
As long as you pay the premiums on time, USL&H will not cancel the policy for any reason, regardless of health or claim status, until you reach age 75.

Continuation of Coverage
In the event of your death, your covered spouse, if any, shall be deemed the Insured. Otherwise, the coverage will terminate on the next renewal date. If your spouse ceases to be your spouse, your spouse will no longer be covered as of the next monthly renewal date.

FAQs

Can I be denied coverage due to health or age?
No, your acceptance is guaranteed as long as you are age 18-64.

Do benefits reduce as I grow older?
No, your coverage amount can never be reduced and this coverage cannot be cancelled as long as you pay your premiums.

Do I have to take a medical exam?
A medical exam is not required. Acceptance is based on the information you provide.

Why do I need this type of coverage?
Health insurance won't normally cover all of your health care costs or the everyday expenses that still have to be paid while you're recovering and unable to work.

What happens if I change jobs or retire while covered?
As long as the premiums are paid, the plan provides continuous coverage even if you change jobs or retire. You own the policy/certificate and can take it with you.

Will rates increase as I get older?
No. There will be no increase because of age, health, or the claims you make.

Will my benefits decrease as I get older?
No, your coverage amount can never be reduced. It's yours for as long as you pay your premiums.

If I'm admitted to an intensive care unit while I'm in the hospital, do I receive a benefit for both?
Yes, this plan pays a daily benefit of $200 while you are confined in the hospital, plus a daily benefit of $200 if you are admitted to an intensive care unit or burn unit. However, if you visit the Emergency Room and are admitted to the hospital for injuries resulting from the same accident, the plan pays the $200 hospital benefit but does not provide the $150 Emergency Room benefit.

UNITED SECURITY
LIFE AND HEALTH INSURANCE COMPANY

January 12, 2011

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: **UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

FEIN #:	**36-3692140**	**/**	**NAIC #:** **81108**
ACCHOSP-2010-AR		**/**	**Accident Hospital Indemnity Policy**
ACCHOSP-10APP		**/**	**Application for Accident Hospital Indemnity Insurance**
ACCHOSP-BRO-2010		**/**	**Accident Hospital Indemnity Insurance Brochure**

To Whom It May Concern:

I hope this correspondence finds you well. Please find enclosed the form referenced above for your review and approval. This is a new form and does not replace any forms previously filed and approved by your Department.

Accident Hospital Indemnity Policy is being filed for approval as an Individual Accident Policy. This new form, **ACCHOSP-2010-AR** will be effective for all business going forward from the approval date of the Illinois Department of Insurance.

Application for Accident Hospital Insurance **ACCHOSP-10APP** and Accident Hospital Insurance Brochure **ACCHOSP-BRO-2010** are also being filed for your review and approval. These forms are new and will be used with this Individual Accident Hospital Policy.

The referenced forms will provide benefits to those individuals who need to have access to a hospital, intensive care or burn unit or an accident emergency facility.

Please direct any questions, correspondence or approval to my attention concerning this filing. I look forward to your approval of these forms. You can contact me directly at 708-552-2417 or via email at jaimegettemans@priscorp.net.

Sincerely,

Jaime Gettemans

Jaime Gettemans
Compliance

SERFF Tracking Number:	*USLH-126964977*	*State:*	*Arkansas*
Filing Company:	*United Security Life and Health Insurance Company*	*State Tracking Number:*	*47692*
Company Tracking Number:	*ACCHOSP-2010-AR*		
TOI:	*H02I Individual Health - Accident Only*	*Sub-TOI:*	*H02I.000 Health - Accident Only*
Product Name:	*Accident Hospital Indemnity*		
Project Name/Number:	*Accident Hospital Indemnity /*		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/13/2011	Form	Accident Hospital Indemnity Policy	01/18/2011	ACCHOSP-2010-AR.pdf (Superceded)

UNITED SECURITY
LIFE AND HEALTH INSURANCE COMPANY

UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY
A Stock Company
6640 SOUTH CICERO AVENUE, BEDFORD PARK, ILLINOIS 60638
708-475-6100 / 800-875-4422 / FAX 708-475-6120

ACCIDENT HOSPITAL INDEMNITY
ACCIDENT ONLY BENEFITS

POLICY OF INSURANCE

THIS IS AN ACCIDENT ONLY POLICY AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS. PLEASE READ IT CAREFULLY

THE COMPANY AGREES TO PAY the Benefits described in this Policy, subject to its provisions, exclusions and limitations.

LEGAL CONTRACT. This Policy is a legal contract between You and Us. You should READ THIS CONRACT CAREFULLY.

GUARANTEED RENEWABLE TO AGE 75 – SUBJECT TO CHANGE IN PREMIUM BY CLASS. You may continue the coverage on each Insured Person provided by this Policy, until the Policy Anniversary on or following the Insured Person's 75th birthday, subject to the Policy's Termination and Insured Child provisions, by paying all premiums when they are due. We will not add any restrictive riders or endorsements while this Policy is in force. We reserve the right to change the premium charged for this Policy. Any change in premium will be made on a class basis only, as We determine, and will be based on the Insured Person's Age on the Date of Issue. No change in premium will become effective until 45 days after We deliver to You, or mail to Your last known address, a written notice of premium change.

TEN DAYS TO EXAMINE POLICY. You may return this Policy within ten (10) days after delivery, either to Us or to our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Effective Date and any premium paid will be refunded.

This Policy supersedes any Policy previously issued to you under the Policy. You and any Covered Person may qualify under one Policy only. If any person is insured under more than one Policy, we will consider that person to be insured under the Policy which provides the greatest amount of coverage. Upon discovery of the duplication, we will refund any duplicated payments which have been made on behalf of that person. The records maintained by the Policyholder shall determine the insurance provided under the Policy for any Insured. Important provisions of the Policy are outlined herein.

Signed for United Security Life and Health Insurance Company at Bedford Park, Illinois.

Sandra J. Horn

President

Secretary

SCHEDULE OF BENEFITS

PLAN: . . . . . Accident Only

INSURED: . . . . . [John Doe]

FAMILY COVERAGE: . . . . . [Yes, No]

POLICY NUMBER: . . . . . [XXX]

EFFECTIVE DATE: . . . . . [XX/XX/XXXX]

SCHEDULE OF BENEFITS			
BENEFIT	**AMOUNT**		
	INSURED	**SPOUSE**	**CHILD**
A. ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY
B. ACCIDENT DAILY INTENSIVE CARE/ BURN UNIT CONFINEMENT BENEFIT	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY	[$200.00 OR N/A] PER DAY
C. ACCIDENT EMERGENCY FACILITY BENEFIT	[$150.00 OR N/A] PER VISIT	[$150.00 OR N/A] PER VISIT	[$150.00 OR N/A] PER VISIT

DEFINITIONS

INSURED: (herein called "you," "your," or "yours") means you, the insured named in the Schedule of Benefits, provided coverage has become effective.

COVERED PERSON: means, for coverage purposes only, you and the following persons, provided coverage has become effective:

1. Your spouse; and
2. Each of your children (including step-children, children born to or legally adopted, or children in your custody pursuant to an interim court order of adoption or placement of adoption, whichever comes first, vesting temporary care of the child in you, is an adopted child, regardless of whether order granting adoption is ultimately issued) 18 years of age or younger, unmarried and dependent upon you for support and maintenance; and
3. Your unmarried child 19 years of age but less than 23 years of age if the child is:
   a. a full-time student; and
   b. dependent upon you for support and maintenance.

HOSPITAL: means an institution which meets the following requirements:

1. It is operated pursuant to law; and
2. It is primarily engaged in providing or operating either on its premises or in facilities available to the Hospital on a prearranged basis and under supervision of the staff of one or more duly licensed Physicians, medical, diagnostic, and major surgical facilities for medical care and treatment of sick and injured person on an inpatient basis; and
3. It provides 24 hour nursing service by or under the supervision of registered graduate professional nurses (RN's).

It does not include an institution operated primarily as:

1. A convalescent home, convalescent, rest, or nursing facility; or
2. A facility primarily affording custodial or educational care; or
3. A facility for the aged or substance abuse including alcoholism.

It also does not include that part of an institution operated primarily as:

1. A convalescent home, convalescent rest or nursing facility; or
2. A facility primarily affording custodial or educational care; or
3. A facility for the aged or substance abuse including alcoholism.

HOSPITAL CONFINEMENT/CONFINEMENT/CONFINED: means being an inpatient in a Hospital for necessary care and treatment of an injury. Such Confinement must be prescribed by a Physician.

Confinement does not include outpatient care and treatment, including outpatient surgery or outpatient observation received in a Hospital.

INTENSIVE CARE UNIT: means a facility in a Hospital which at the time of admission is separate and apart from the surgical recovery room, other rooms, beds, or wards normally used for patient confinement and:

1. Provides room and board;
2. Provides registered graduate nursing care;
3. Requires constant audio visual observation;
4. Provides special equipment or supplies at all times on a standby basis; and
5. Charges a daily intensive care fee.

BURN UNIT: means a facility in a Hospital which:

1. Provides room and board;
2. Provides registered graduate nursing care;
3. Provides special equipment or supplies at all times on a standby basis; and
4. Charges a daily burn unit fee.

PHYSICIAN: means a person who is duly licensed and legally qualified to diagnose and treat injuries. Such person must be providing services within the scope of his or her license. A physician may not be you or a member of your immediate family.

ACCIDENT/INJURY: for which benefits are provided, means bodily injury caused by an accident which occurs while this Policy is in force. The injury must be the direct cause of loss, independent of disease or bodily infirmity.

INJURED: means having suffered an injury.

EMERGENCY FACILITY: means a facility licensed, if license is required, to provide emergency care and staffed by a Physician. The facility can be a clinic, Hospital emergency room, or similar outpatient emergency facility.

NECESSARY TREATMENT: means medical treatment which is consistent with currently accepted medical practice. Any confinement, operation, treatment, or service which is not a valid course of treatment recognized by an established medical society in the United States is not considered necessary treatment. No treatment or service in connection therewith, which is experimental in nature, is considered necessary treatment.

We may use peer review organizations or other professional medical opinion to determine if health care services are:

1. Medically necessary; and
2. Consistent with professional recognized standards of care with respect to quality, frequency, and duration; and
3. Provided in the most economical and medically appropriate site for treatment.

If services do not meet these criteria, expenses related to those services will not be deemed necessary treatment.

WHEN YOUR INSURANCE BEGINS

You shall not have coverage unless an enrollment form, if required, and premium have been received by us. Your coverage will become effective on the Policy Effective Date shown in the Schedule of Benefits,

provided we receive the initial premium within 21 days of the Policy Effective Date and while you are alive. Policy anniversaries shall be measured annually from the Policy Effective Date.

WHEN YOUR INSURANCE ENDS

Your insurance ends on the last day of the period covered by your last premium contribution.

You may cancel your coverage upon notice to us. Notice is deemed given when made in writing. Coverage is cancelled as of the next premium due date after your request.

COVERAGE

A. ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT

We will pay the Accident Daily Hospital Confinement Benefit stated in the Schedule of Benefits for each day a Covered Person is Confined to a Hospital for at least 24 hours, provided:

1. The Confinement is for the Necessary Treatment of a covered injury;
2. The Covered Person is under the professional care of a Physician;
3. Such Confinement occurs while this Policy is in force; and
4. The Confinement begins within 90 days of the accident causing the injury.

The Accident Daily Hospital Confinement Benefit will begin with the first day of Confinement and continue for up to 90 days per accident.

Recurrent Confinements – To be covered, additional Confinements for the same Injury must take place within 90 days of a previously covered Confinement.

B. ACCIDENT DAILY INTENSIVE CARE/BURN UNIT BENEFIT

In addition to the Accident Daily Hospital Confinement Benefit, we will pay the Accident Daily Intensive Care/Burn Unit Benefit stated in the Schedule of Benefits for each day a Covered Person is Confined to an Intensive Care Unit or Burn Unit of a Hospital for at least 24 hours, provided:

1. The Confinement is for the Necessary Treatment of a covered injury;
2. The Covered Person is under the professional care of a Physician;
3. Such Confinement occurs while this Policy is in force; and
4. The Confinement begins within 90 days of the accident causing the injury.

The Accident Daily Intensive Care Unit/Burn Unit Benefit will begin with the first day of confinement and continue for up to 30 days per accident.

Any transfer from an Intensive Care Unit to a Burn Unit or from a Burn Unit to an Intensive Care Unit will not entitle a Covered Person to receive double benefits.

Recurrent Confinements – To be covered, additional Confinements for the same injury must take place within 90 days of a previously covered Confinement.

C. ACCIDENT EMERGENCY FACILITY BENEFIT

We will pay the Accident Emergency Facility Benefit stated in the Schedule of Benefits for a visit to a Hospital emergency room or other emergency facility for an unlimited number of accidents per Covered Person per year for an Injury. Only one Accident Emergency Facility Benefit is payable for each accident. Treatment must be for Necessary Treatment of an Injury, and treatment must occur within 72 hours of the accident causing the Injury.

Not payable, if the accident results in an overnight stay.

EXCLUSIONS

No benefit shall be paid for any Injury that:

1. Is self-inflicted, while sane or insane;
2. Is due to war or act of war, whether declared or not;
3. Is a result of voluntary participation in any riot or civil insurrection;
4. Is caused by or results from the Covered Person's taking or using any narcotic, barbiturate or any other drug, unless taken or used as prescribed by a Physician;
5. Has as its contributing cause, the Covered Person's commission of or attempt to commit a felony, or had as its contributing cause, the Covered Person's being engaged in an illegal activity or;
6. Is due to disease, bodily or mental infirmity, or medical or surgical treatment of these;
7. Occurs while driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
8. Occurs while operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor driven. This does not include flying as a fare paying passenger;
9. Occurs while engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or any similar activities;
10. Occurs while practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

RENEWAL CONDITIONS

You may keep this Policy in force on or following the anniversary date following your 75th birthday. We do not have the right to:

1. Cancel your coverage; or
2. Place any restriction on your coverage while it is in force except in cases where the above detailed exclusions are deemed applicable; or
3. Refuse a premium paid on or before the date due or within the Grace Period.

We reserve the right to change the premium charged for this Policy. Any change in premium will be made on a class basis only, as We determine, and will be based on the Insured Person's Age on the Date of Issue. No change in premium will become effective until 45 days after We deliver to You, or mail to Your last known address, a written notice of premium change.

CONTINUATION OF COVERAGE

In the event of your death, your covered spouse, if any, shall be deemed the Insured. Otherwise, the coverage will terminate on the next renewal date. If your spouse ceases to be your spouse for reasons other than death, your spouse will no longer be covered as of the next monthly renewal date.

Coverage for any covered child insured under this Policy shall terminate as of the next renewal date after the covered child's marriage or 19th birthday. If any covered child is unmarried, a full-time student, and dependent upon you for child support and maintenance, coverage under this Policy shall terminate as of the next renewal date after the covered child's 23rd birthday.

A covered child may continue to be covered if upon reaching the limiting age the covered child is, and continues thereafter to be, both:

1. Incapable of self-sustaining employment by reason of mental or physical handicap; and
2. Chiefly dependent upon you for support and maintenance.

You must write and tell us a covered child meets the requirements for continuation of coverage. We may require periodic proof of continued eligibility for continuation of coverage.

CONVERSION

The covered child or spouse whose coverage ceases may apply for his or her own Policy within 31 days after coverage ceases. No evidence of insurability will be required. The new Policy will be issued:

1. On a form available at that time with benefits most like but not greater than those of this Policy; and
2. At the adult rate for the attained age of the person at that time.

The effective date of coverage under the new Policy will be the same as the effective date of the conversion. We will not pay under the new Policy for any loss for which benefits have been paid under this Policy.

NEWBORN CHILDREN

If your spouse or any children are already covered under this Policy and a child is born to you, the benefit amount for the newborn child will be the same as for the other children. If no other child is covered under this Policy, the benefit will be the amount which would have been issued to children as of the Effective Date of the Policy.

If neither your spouse nor another child is covered under this Policy, you must notify us of the birth of a child if you wish to add child coverage. There will be an increase in the premium as of the next monthly renewal date after we have been notified of the child's birth. The child is covered free from the time of notification until that date. The child will be dropped from coverage if the increased premium is not paid within 31 days after that due date. The child's benefit will be the amount which would have been issued to children as of the Effective Date of this Policy.

GENERAL PROVISIONS

ENTIRE CONTRACT: This Policy and Your application make up the entire contract between Us and You. No change in this Policy will be effective until it is approved by one of Our officers. This change and approval must be noted on or attached to the Policy. **No agent has authority to change the application, this Policy or waive any of its provisions.**

INCONTESTABILITY: We cannot contest this Policy except for a material misrepresentation on the application, fraud or for not paying premiums.

PAYMENT OF PREMIUM: All premiums due by the terms of the Policy shall be paid by the Policyholder to our Administrative Office on or prior to the day they are due.

You are required to contribute 100 percent of the premium payable under this Policy. If at any time the Policyholder refuses to accept such contributions and pay the premium for you, you may pay such premium directly to our Administrative Office on or prior to the day it is due.

UNPAID PREMIUM: When a claim is paid, any unpaid premium due during the Grace Period but unpaid may be deducted from the claim payment.

GRACE PERIOD: If a premium is not paid when due, the insurance shall be in default. We will allow a 31-day grace period to pay each premium after the first one. If a premium is not paid on or before the end of the grace period, the insurance shall terminate, effective the last day of the period covered by your last premium contribution.

REINSTATEMENT: If your Policy lapses, You may apply to reinstate it by:

(a) paying the required premium;
(b) providing evidence of insurability, if We so require; and
(c) submitting an application for reinstatement, if We so require.

If We accept the premium without requesting an application, this Policy, will be reinstated.

If We ask for an application, We will issue a receipt for the premium. If We approve the application, this Policy will be reinstated as of the approval date. If We disapprove the application, We will notify You in writing. If We fail to notify You of our disapproval, this Policy will be reinstated 45 days after the date of the premium receipt.

NOTICE OF CLAIM: Written notice of claim must be given to us within 30 days after any loss covered under the Policy occurs or as soon as possible thereafter. You may give the notice or may have someone do it for you. The notice shall include your name and Policy Number as shown in the Schedule of Benefits. Notice shall be mailed to us at United Life and Health Insurance Company, 6640 South Cicero Avenue, Bedford Park, IL 60638.

CLAIM FORMS: When we receive the Notice of Claim, we will send the claimant forms for filing Proof of Loss. If we do not send the forms within 15 days, the claimant can meet the Proof of Loss requirements by providing us with a written statement describing what happened. We must receive this statement within the time given for filing Proof of Loss.

CONFORMITY WITH STATE STATUTES: Any provision of this Policy which, on its Policy Date, is in conflict with the applicable laws of the state in which it is delivered is hereby amended to conform to the minimum requirements of such laws.

PROOF OF LOSS: Written proof of loss must be given to us within 90 days after the date of the loss or as soon as possible thereafter. Proof must, however, be furnished no later than one year from the time it is otherwise required, except in the absence of legal capacity.

MISSTATEMENT OF AGE: If the age of a Covered Person has been misstated, all amounts payable shall be in the amount the premium paid would have bought for the correct age. If, as a result of misstatement, we accept a premium for any period when coverage would not normally have been in effect, then our liability for such period shall be a refund, upon request, of all premiums paid for such period.

TIMELY PAYMENT OF CLAIMS: We will pay all benefits covered by the Policy as soon as we receive proper written Proof of Loss sufficient to determine liability. Any required interest payable on benefits will be paid according to the statutory requirements of the state in which this Policy was issued.

PAYMENT OF CLAIMS: Any benefits payable will be paid to you, if living. Any other benefits unpaid at death will be paid as follows:

1. At your death
   a. to your spouse, if living;
   b. otherwise, to your estate.

2. At the death of any other Covered Person
   a. to you, if then living;
   b. otherwise, as though it were payable under (1) above.

ASSIGNMENT: You may assign any rights you have under this Policy, including the right to receive benefits. We are not bound by any assignment unless it is in writing and recorded by us. We are not responsible for the validity of any assignment. The rights of an assignee will at all times be subject to any indebtedness to us.

PHYSICAL EXAM AND AUTOPSY: At our expense, we shall have the right to examine a Covered Person when and as often as is reasonable while a claim is pending. We may also have an autopsy done in case of death where it is not forbidden by law.

LEGAL ACTIONS: No action can be brought to recover on the Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 3 years after the date Proof of Loss is required.

REQUIRED NOTICE TO POLICYHOLDERS: This notice is to advise you that should any complaints arise regarding this Insurance, you may contact the following:

United Security Life and Health Insurance Company
Compliance Department
6640 South Cicero Avenue
Bedford Park, IL 60638

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201